



REPORT ON MEDICAL EXAMINATION FOR FOOD HANDLERS

1.Type of examination:	Initial	Repeat	Place:
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Part 1 – PERSONAL PARTICULARS

(To be completed by the employer / employee)

Surname:..... Christian Names:	
2. I.D. No	
3. Address: (a) Residential	
(b) Mail	
4. Tel. No:	5. Sex:
6. Date of Birth: 7. Age: Marital status:	
8. Name and address of Employer:	

PART 2 – MEDICAL HISTORY

Brief details on any illness, accidents, treatment (since last medical examination where indicated)		
DATE	DETAILS	HEALTH FACILITY / DOCTOR

.....
Signature of employee

.....
Date

PART 3 - WEIGHT, MEASUREMENTS AND CLINICAL OBSERVATION

Length: Weight: 3. Chest Inspiration:

4. Blood pressure

Syst:.....

Dias:

Urine test:

PART 4 – GENERAL MEDICAL EXAMINATION

Mark every item with an X in the applicable column. It not evaluated, mark N/B	Normal	Abnormal	Describe every abnormality in detail and mark the description with the relevant item number. If necessary use loose page
1.Nose, ears and throat			
2.Gastro-intestinal			
3.Abdomen (including liver and spleen)			
4.Chest – lungs			
5.Skin			

PART 5 – SPECIAL EXAMINATIONS

1.Sputum	Result Normal Abnormal	2.X-rays	Result Normal Abnormal
3.if abnormal in 1, specify			
4.Other (e.g. stool)			

PART 6 – SUMMARY OF DISABILITIES WITH DIAGNOSIS (TABUALTE ACCORDING TO PART AND ITEM NUMBERS)

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PART 7 – FINDING AND RECOMMENDATION

As a result of the Medical examination this person is:	Fit	Unfit	Temporarily unfit	As.....
<p>If unfit, state reasons</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				
<p>Restrictions (if any)</p> <p>.....</p> <p>.....</p> <p>.....</p>				
<p>Date of next examination:</p>				
<p>.....</p> <p>Signature of Medical Examiner and Designation</p>			<p>.....</p> <p>Name</p>	
<p>.....</p>				
<p>Date</p>				

MEDICAL CERTIFICATE

In terms of the General Health Regulations, GN 121 of 14 October 1969 as amended, Part XIX, section 201 I hereby certify, that Mr./Ms/Dr./

Name: Surname:

I.D. No: Company No:

Name and Address of Company:

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As a result of the medical examination	Fit	Unfit	Temporarily unfit	Date of the medical examination
<p>For employment in a premises on which food is prepared, handled served, delivered, stored or sold:</p> <p>.....</p> <p>.....</p> <p>Recommendations (where applicable)</p> <p>.....</p> <p>.....</p> <p>Date of next examination</p> <p>.....</p> <p>Signature of Medical Examiner Date</p> <p>Name and Address:</p> <p>.....</p> <p>.....</p>				